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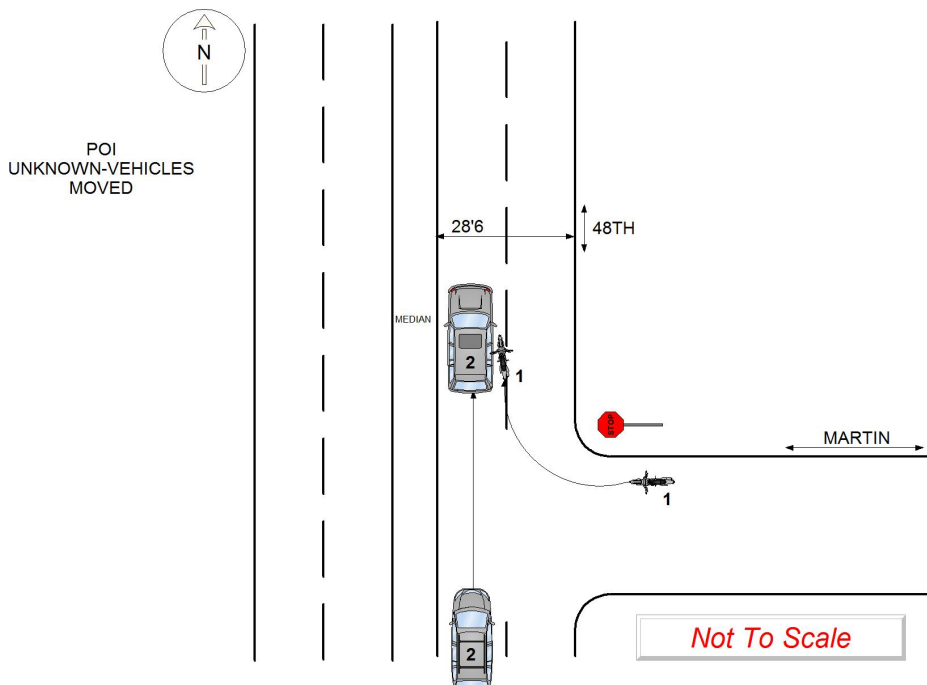
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 39	Agency Case No. B6-044527	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016		(In Military Time) TIME OF ACCIDENT 1410	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1412	05/21/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 48TH, MARTIN TO FRANCIS		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	15.00		X		N CURB OF MARTIN	
02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	G48007163		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	FRANCIS E BROWN		PHONE	402-310-8010	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/28/1972	
1	OWNER	FRANCIS E BROWN		PHONE	402-310-8010	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB509724	
2	LICENSE PLATE MC NO.	TXM848		YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
2	2002	Harley-Davidson	FDX	Motorcycle & d	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
V2/O	VEHICLE ID NO. (VIN)	1HD1GHV142Y312289		INSURANCE COMPANY	PROGRESSIVE	
2	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING	
2	POLICY NO.	421116270				
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12901370		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	JAVIER B ANDRADE		PHONE	402-613-1659	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/08/1980	
1	OWNER	JAVIER A BERNABE		PHONE	402-213-1659	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB509723	
V1/Q	LICENSE PLATE PA NO.	TGR832		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2011	Chevrolet	TVS	Medium/large	blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
01	VEHICLE ID NO. (VIN)	1GNKREEDXBJ312841		INSURANCE COMPANY	PROGRESSIVE	
K	TOWED TO			TOWED BY	900498745	
01	POLICY NO.	900498745				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Officer drove up on an accident that had just occurred. D1 said he was turning onto 48th from Martin st. D1 said there was some gravel that he had to go around when he was entering the intersection. D1 said he was struck by D2, who was traveling NB on 48th in the outside lane. D2 said he was driving NB on 48th in the outside lane when D1 pulled into the intersection into his vehicle causing damage to the passenger side of his vehicle.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																										
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																										
WITNESSES	NAME								ADDRESS								PHONE																										
	NAME								ADDRESS								PHONE																										
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS				VEH 1		1		VEH 2		4	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME														ALCOHOL TESTING		Driver No. 1		Driver No. 2		Pedestrian																	
1		X				48TH														-		-		-		-																	
2		X				48TH														5		7		1		2																	
1		05		06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				POINT OF IMPACT		07		POINT OF IMPACT		03		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown						1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown						BAC LEVEL															
2		01						MOST DAMAGED AREA		07		MOST DAMAGED AREA		03														02		03		04		01		05		08		07		06	
01		Essentially straight ahead Backing Changing lanes Overtaking/ Passing Turning right				02 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other								VEHICLE 2 						VEHICLE 2 						1		1		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown													
02																										03								04				05				06	
OFFICER NO. 244						TROOP/ TEAM/ BEAT NW						DEPARTMENT Lincoln Police Department														Photographs taken?				YES X NO													
INVESTIGATOR NAME (Print or Type) Court Cleland										INVESTIGATOR SIGNATURE Approved by Court Cleland										DATE OF REPORT 05/21/2016																							